

ST. BARTHOLOMEW'S HOSPITAL JOURNAL

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EDITORIAL

The retirement of an admired and respected senior member is always a great loss to an institution, and the occasion of final departure, after a long and close association, is both nostalgic and sad. Bart's is, in reality, a close-knit community and one which is jealous of its long history, its proud traditions and its Staff. During September, Bart's lost the permanent services of not one, but of five senior members of its staff—namely Professor K. J. Franklin, Dr. Geoffrey Bourne, Mr. J. B. Hume, Mr. R. S. Corbett and Mr. S. L. Higgs. Furthermore, the next year will witness the disappearance of even more names from the staff indicator board.

An Act of Parliament, embodied in the National Health Act of 1948, and reinforced by Hospital legislation decrees, that on attainment of a specified age, a doctor must relinquish his appointment. There exists no final Court of Appeal against such rulings. It is ironical that a doctor, whilst possibly yet in his mental prime, should be debarred by a stroke of the pen from further participation in the Health Service. It is not unnatural to ruminate upon the philosophy and wisdom of such laws when, in other spheres of life, age constitutes no barrier, even in those men who control the destinies of millions of people.

Whilst realising that it is essential to safeguard the interests of patients, it is difficult to accept, without any question, so dogmatic a method of assessing professional ability. Practical alternatives to the above scheme are, however, fraught with many difficulties. Perhaps at hospital instigation, services may

be re-engaged for further short periods, at the conclusion of which time, further re-engagement may follow, or the association terminated at the request of either party. A further solution, although perhaps invidious, would be the routine Medical examination of senior members as comparable with the examination of other senior civil servants.

The work of the various members of the Hospital Staff is very often taken for granted. Only after the departure of such people does the full extent of their activities become apparent. Few Hospital societies and clubs, the *Journal* amongst them, have been unaffected by the recent retirements. Many Chairmanships, Vice-Presidencies, etc., have fallen vacant, and such gaps are very difficult to refill. It is a tribute to the greatness of such men that they have devoted so much of their valuable time to extra-occupational activities, both within and without the Hospital walls. The Hospital, and its many societies, are indeed fortunate in being able to enlist the services of these men at some future date, albeit in a consultant capacity.

It is realised that all professional activities will not cease as from October 1st, for we expect such active men will continue practising the arts to which many of their years have been devoted. However, the *Journal* wishes these five men, and their wives, a happy and most successful retirement.

In conclusion, the *Journal* wishes the successors, and the new members of the Staff, a long, successful and even prosperous, continued association with the Hospital.

FRESHMEN

We extend a welcome to all Freshmen—both pre-clinical and clinical—who, during the month of October, joined us at Bart's. They don't need reminding that the endeavours of the career of their choice will be long and arduous, and of the uncertainty of ultimate rewards. However, we will hasten to point out that there are compensations. For those who are sound in wind and limb there are ample opportunities and facilities for sport. For the fortunate socialites there will be the invitation to the Grosvenor, and for the affluent ones there are scores of potential partners for the View Day Ball.

Apart from certain restrictions, which safeguard the community as a whole, life at Bart's will be what you, the Freshman, wishes to make it. Good luck to you all, and a sincere wish that within a brief span of time, you will become a happy member of, and a contributor to, the Bart's community.



DRAMATIC SOCIETY

This year the Society is producing Emlyn Williams' well-known play, "A Murder Has Been Arranged." The performances will be on Monday and Tuesday, November 24th and 25th, at the Cripplegate Theatre. All seats are bookable in advance. Tickets: prices, 2s. 6d., 3s. 6d., 5s. and 7s. 6d., will be on sale in the Hospital and at the door. Requests through the post should be addressed to K. J. Sugden, The Abernethian Room, St. Bartholomew's Hospital.



RECENT LECTURES

Dr. E. F. Scowen gave the College of General Practitioners Second Annual Pfizer Lecture on Wednesday, October 15th, 1958, at Charterhouse Square. The subject was "Some Difficulties in Prescribing."

Professor J. Rotblat gave the annual B.M.A. Lecture on Tuesday, October 28th, at B.M.A. House, Tavistock Square. The subject was "Electrons in Medicine."

RAHERE CHOIR

The Rahere Choir was again invited this year by the Rev. D. Rutter to sing an even-song on the eve of St. Bartholomew's Day, August 23rd, in St. Paul's Cathedral. The choir, under the able direction of Mr. Richard Sinton, sang well on the whole, though they became a fraction sharp at the end of the anthem "Rejoice in the Lord" by Purcell. The solo parts were sung by Miss W. Donaldson and Messrs. N. C. Roles and G. R. Hobday. The choir sang the responses to the William Smith setting. It is to be hoped that this service will continue to be an annual event.



GILBERT AND SULLIVAN

The Gilbert and Sullivan Society are giving a concert performance of "The Pirates of Penzance" on Friday, November 21st, at 8.30 p.m., in the Hall of Gresham College. Programmes may be obtained from the Students' Cloakroom or the Nurses' Home.



SOCIAL SEASON

The Bart's winter social season commenced on Saturday, October 4th, when the Rugby Club held the first of their informal dances.

The Rugby Club Ball will be on Friday, December 5th, at College Hall. Dancing will be from 9 p.m. till 2 a.m., and there will also be Buffet, Bar and Cabaret. Tickets, at 17s. 6d., are available from the Secretary of Rugby.



THE CALENDAR

It is intended to make the Calendar a more comprehensive list of forthcoming events. Would all secretaries of Hospital societies who desire to advertise their forthcoming attractions, please send a comprehensive list to the Assistant Editor.

JOURNAL STAFF

It is with regret that we announce the retirement of Dr. Geoffrey Bourne from the Chairmanship of the Publications Committee of this *Journal*. For many years Dr. Bourne has displayed a very keen interest in all the *Journal's* activities. Rarely has he missed a meeting of the Publications Committee, and many generations of Editors have found him readily accessible at any time. No committee could have been better served by its Chairman, whose members will long remember his diplomacy, his wisdom and his remarkable memory of the *Journal's* past. At times he must have been the sole champion of our cause within the four walls of the Staff Common Room. The Staff of the *Journal* wish Dr. and Mrs. Bourne a most happy and successful retirement.

Dr. A. W. Franklin, a former Editor, has kindly accepted the Chairmanship of the Publications Committee. We wish him a long and successful term of office.

J. D. Scobie has been appointed Assistant Editor to the *Journal*.

J. J. D. Bartlett has succeeded K. J. Sugden as Sports Editor.



ART EXHIBITION

The Bart's Art Exhibition was opened by Sir Philip Manson-Bahr at 2 p.m. on October 6th. It is hoped to publish a full account of the exhibition in the next issue of the *Journal*.



G.P. LECTURE

The next lecture on General Practice will be given by Dr. Lindsey W. Batten on Wednesday, November 19th at 12.0 noon, under the title "The Essence of General Practice."



XIII DECENNIAL CLUB

This year's dinner will be held on Saturday, December 6th, at the Connaught Rooms. Further details may be obtained from the Secretaries, St. Bartholomew's Hospital.

CALENDAR

November

Sat. 8—Dr. E. R. Cullinan on duty.
Mr. J. P. Hosford on duty
Mr. C. Langton Hewer on duty.
Rugger v Old Cranleighans (A.)
Soccer v Middlesex Hospital (A.)
Hockey v Sevenoaks (A.)

Tues. 11—Squash v Middlesex Hospital (A.)

Wed. 12—Fives v Glove Club (A.)

Sat. 15—Medical and Surgical Units on duty.
Mr. G. H. Ellis on duty.
Rugger v Old Paulines (H.)
Soccer v Old Chigwellians (H.)
Hockey v Bexleyheath (H.)
R.U.F.C. Informal Dance.

Tues. 18—Squash v St. Thomas's Hospital (H.)

Wed. 19—United Hospitals' R.C. winter regatta, Putney.
Soccer v Middlesex Hospital, Cup (A.)
Boat Club Dinner.

Sat. 22—Dr. R. Bodley Scott on duty.
Mr. A. H. Hunt on duty.
Mr. F. T. Evans on duty.
Rugger v Old Alwynians (A.)
Hockey v Old Cranleighians (A.)

Wed. 26—Soccer v London Hospital (A.)

Sat. 29—Dr. A. W. Spence on duty.
Mr. C. Naunton Morgan on duty.
Mr. R. A. Bowen on duty.
Rugger v Stroud (A.)
Hockey v U.C.H. (H.)
Boat Club Informal Dance.

December

Sat. 6—Dr. G. Hayward on duty.
Mr. A. W. Badenoch on duty.
Mr. R. W. Ballantine on duty.

Sat. 13—Dr. E. R. Cullinan on duty.
Mr. J. P. Hosford on duty.
Mr. C. Langton Hewer on duty.

Sat. 20—Medical and Surgical Units on duty.
Mr. G. H. Ellis on duty.

ANNOUNCEMENTS

Engagement

LUMLEY—ARNOLD.—The engagement is announced between John Stuart Penton Lumley and Jean Arnold.

Marriage

MACKENZIE—ROWSWELL. — On September 20th, in St. Bartholomew-the-Great, Dr. James Campbell Mackenzie to Dr. Elizabeth Frances Dudley Rowswell.

Births

ARTHUR.—On September 26th, to Valerie Ann, wife of Dr. Bruce Arthur, a daughter.

BUTTERY.—On September 11th, to Penelope, wife of Surg.-Lieut. David Buttery, R.N., a son (Jonathan Robert).

MACDOUGALL.—On September 15th, to Rachel, wife of Dr. Iain MacDougall, a daughter.

Deaths

JONES.—On September 19th, as the result of a road accident, Dr. Pauline Miriam Jones. Qualified 1956.

LANDOR.—In Sydney, Australia, Dr. Joseph Victor Landor, aged 61. Qualified 1920

MADDEN.—On September 24th, Dr. Cyril Paul Madden. Qualified 1928.

SCOTT.—On September 20th, Lt.-Col. Herbert Bodley Scott, O.B.E., F.R.C.S., I.M.S. (Rtd.). Qualified 1904.

**UNIVERSITY OF LONDON**

M.S. Examination, September, 1958

Birnstingl, M. A.

NOTICES

University of Cambridge

Lord Adrian has been re-elected Vice-Chancellor of the University of Cambridge.

Vishnu Sarma—M.D.

The William Julius Mickle Fellowship for 1957-8 has been awarded to Professor J. B. Kinmouth.

**Change of Address**

Mr. Morton Whitby will be practising at
62 Queen Anne Street,
Cavendish Square,
W.1.
Tel. : Welbeck 3262.
Res. : Esher 3646.

**Hospital Staff**

Dr. M. deB. Daly has been appointed as Professor of Physiology as from October 1st, 1958.

Dr. A. G. Spencer has been appointed as Reader in Medicine as from October 1st, 1958.

Mr. J. O. Robinson and Mr. I. P. Todd have been appointed surgeons.

**FIFTY YEARS AGO**

The somewhat sombre Editorial consisted of a review of the proposed Officers' Training Corps—a preparation for any future war. A Gazette list of officers whose services were available in event of war, included many famous Bart's names :—e.g. Bowlby, Lock-

wood, D'A. Powell, Waring, Drysdale and Gask.

This issue contained a review of the Pharmaceutical Department. In 1614, the first Apothecary's shop was built, and the last "shop" being demolished in 1906 to make way for the new department. Prescriptions were dispensed at the following windows, "Urgent Cases," "Women," "Diseases of Children," "Diseases of Women," "Men," "Diseases of the Eye," "Diseases of the Throat" and "Diseases of the Skin." The Article contained a full description of the Waiting Hall, Main Dispensary and Manufacturing Laboratory. Each week, 5,500 prescriptions were dealt with. Pipes of Port Wine were kept on special tilting apparatus. Wines were first given out from the Apothecary's Shop in 1699.

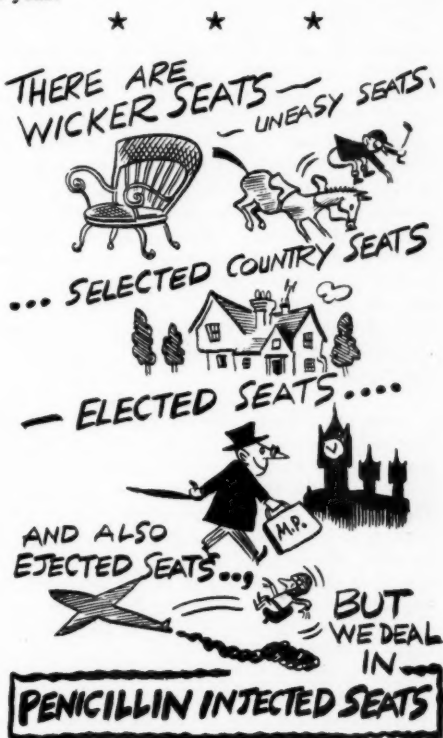
Quantities of drugs used per year included :—Boric acid, 52 cwt. ; Glycerin, 2 tons ; Gentian Root, 4 cwt. ; Soft Paraffin, 21 cwt. ; Magnesium Sulphate, 2½ tons ; Sodium Bicarbonate, 17 cwt.

Mr. J. R. Elliott, lecturer in Pharmaceutics and Practical Pharmacy, writes :—

The description of the premises of the dispensary and manufacturing laboratory of the pharmaceutical department, which were opened in October, 1907, would have been equally accurate, except in minor details, until the end of 1951.

The information concerning the work done and the things used in the department now reads like ancient history, although the presence of an autoclave for sterilising "physiological fluids" serves as a link with modern pharmaceutical practice.

Gone are the days when pipes of port wine were hung on this special tilting apparatus and spt. vini rect. was stored in 100 gallon vessels. Senega rhizome is no longer purchased and rhubarb root is only required at the rate of about 20 lbs. per year, and only three or four leeches are purchased each year. The large steam pans are no longer required for the preparations of decoctions and the old Bramah press—which is still in working order—is only needed once or twice a year.



QUOTES OF THE MONTH

"By the time a stool is passed it is quite a long way from the top."—DR. SH — — — R.

EDITOR : "Why did you choose to come to Bart's?"

"STRIPE" : "Because I knew a houseman here!"

"Now that Mr. N. has that new Dauphine, can we call him the 'Red Dean of Barts'?"

Professor K. J. FRANKIN

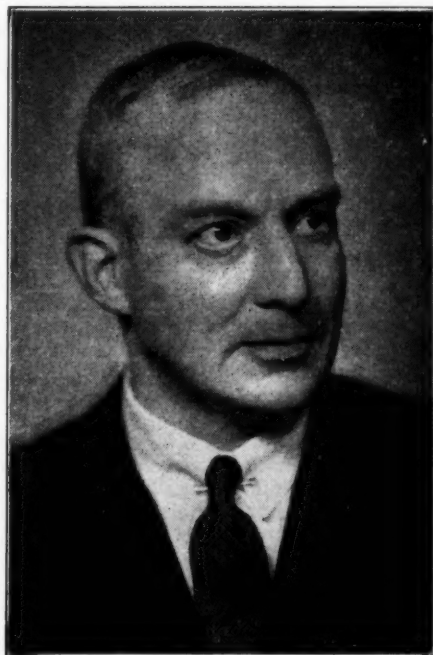
F.R.S., D.M., F.R.C.P.

Kenneth James Franklin was born on November 25th, 1897. At what age he became K.J., the name by which he is affectionately known to generations of students and friends, is not known, but it appears to date from early in his days at Oxford. He went to school at Christ's Hospital (which, up to 1900, had a close geographical association with Bart's). From there he won a scholarship in classics to Hertford College, but before he could go up to Oxford, where he had decided to read medicine, he served some years in France in the Royal Artillery. He rapidly got a First in Physiology and acted as a demonstrator under Sherrington before he came to Bart's for his clinical years. Even then he found time to demonstrate physiology at Bart's during the week, and teach it at Oxford at the weekends.

After qualifying he returned to Oxford, where he was already a tutor at Oriel, and was soon elected a Fellow, while he started research work on the venous system in the Department of Pharmacology. From this sprang a long series of papers and finally, in 1937, the book—*A monograph on veins*—which is still a standard reference work on the subject. K.J., however, has never been a man to limit his field of activities, and during these years he also devoted a lot of time to historical research. Here his knowledge of the classics was used to produce elegant translations, notably of the works of Lower and Fabricius. Recently he was persuaded to return to this arduous work, to give us superb renderings of Harvey's writings on the circulation for the Tercentenary celebrations in 1957.

Towards the end of 1938 he moved to the Nuffield Institute for Medical Research, in Oxford. He had already done some pioneer work with Dr. Robert Janker in Bonn, on the use of X-rays for venous physiological studies. At the Nuffield Institute, in collaboration with Dr. A. E. Barclay, the technique of rapid serial radiography was

developed, which was used in their classic investigation (with M. M. L. Prichard) into the changes in the foetal circulation at birth. Sir Joseph Bancroft and Donald Barron used to come over from Cambridge for this work, which was first published in a series of papers by Barclay, Bancroft, Barron, Franklin and Prichard—this delighted K.J., for, as he said, it was only fitting that work



on sheep should be done by three "Baas." With the blitz in 1940, the problems of crush injury and vascular spasm became very important, and Joseph Trueta consulted K.J. about the possibility of using the radiographic techniques developed at the Nuffield Institute. This culminated in that famous set of investigations into the renal circulation,

and the discovery of what Prof. John Fulton christened the "Oxford shunt."

The book on the renal circulation was published in 1947—shortly after this appeared K.J. was appointed to the Chair of Physiology at Bart's. This return to his old hospital always pleased him very much, although the administrative work and relative lack of facilities and technical assistance, in a department still suffering from the destruction of its building in the war and from the return from exile in Cambridge, limited his research work. Nevertheless, during his time at Bart's, he has made many interesting studies on the physiology of pregnancy and parturition, especially in relation to changes in the renal circulation. He also produced a monumental biography of his old friend and colleague, Joseph Barcroft. It is very sad that ill-health has compelled him to retire

prematurely, but I feel sure that he is pleased that he was able to finish the translations of the work of Harvey—a Bart's man.

These brief notes must necessarily omit mention of much of his activities, for K.J. has always been a man of many parts. His election to the Fellowship of the Royal Society and his other academic honours are generally known. Less well known, perhaps, are the fact that he was Dean of the Oxford Medical School for many years, and that he has had the unique (to my knowledge) distinction of being simultaneously an author, a publisher (as director of Blackwell Scientific Publications) and a librarian (of Oriel College). Even so, to those of us that knew him it is K.J. the man that we remember with affection. We wish him and his wife, Ethel, a very happy retirement among their friends at Oxford.



Mr. J. B. HUME

M.S., F.R.C.S.

Basil Hume retires at the end of September, after a surgical career continuously associated with Bart's. A Yorkshireman, born in Whitby and educated at Bootham School, York, he came up to London and Bart's and qualified in 1916, at the age of 23. He went into the army and served in East Africa in the first German war. In 1919 he returned to Bart's as demonstrator of anatomy, gaining his F.R.C.S. (England) and M.B., B.S., with honours and distinction in medicine, in 1920. In 1923 he became chief assistant to Sir Holburt Waring, a post which he held till the end of 1926. During this period, he spent a year at Ann Arbor, Michigan, U.S.A., under Hugh Cabot and Fred Collier, where his surgical experience was considerably broadened, especially in urology. M.S. 1925, Brackenbury Scholarship, Kirkes' Gold Medal, Luther Holden Scholarship, Basil

Hume was all set for early appointment on to the staff; but there was no vacancy at Bart's. He was appointed as surgeon to St. Andrew's Hospital, Dollis Hill in 1926, and became surgical curator of the museum in 1927. He was by now examiner in anatomy for the Primary F.R.C.S. at the College of Surgeons, and leading a busy academic and practical life. He added further to his claim for recognition by being awarded a Hunterian Professorship at the Royal College of Surgeons for his dissertation on the Anatomy and Embryology of the Diaphragm in relation to Diaphragmatic Hernia. In 1931, his opportunity came when Sir Holburt Waring retired. He was appointed Assistant Surgeon on the Yellow Firm. He became full surgeon during the Second World War and senior surgeon to the hospital on March 26th, 1947. Another

appointment was Consultant Surgeon to the Finchley Memorial Hospital.

He had married in 1925, and he and Mrs. Hume were blessed with four daughters, who have obeyed the Mendelian law by netting between them two firsts at Cambridge, one in biochemistry, one in English, and other honours. His delightful home, looking out on to the northern part of Hampstead Heath, has given him much pleasure and comfort, and contributed in no small way to his sincere, kindly, religious and



humane outlook. He has proved beyond doubt that the finest method of propagating a way of life is by example and, in keeping with this, he has been a prominent member of the Rahere Lodge, the oldest of the Hospital Masonic Lodges. He succeeded Geoffrey Evans as Treasurer, and has been a member of Grand Lodge for many years.

His surgical interests have been extensive and diverse, as shown by his articles and

observations on the diaphragm, toxic goitre, hind quarter amputation, sympathectomy for essential hypertension, gastro-oesophagectomy by the combined abdominal and thoracic approach, adrenalectomy for metastatic carcinoma of the breast, to mention but a few. He was never interested in pursuit of financial gain, but practice inevitably came his way, and we hope he may continue his interest in practical surgery for many years yet.

The training of surgeons and nurses and the administration of the hospital have also been matters of great concern to him, as may be judged by the number of active and advisory positions he has held in the Medical College and as a member of the Board of Governors of the hospital. Lectures to nurses and nurses' examinations always gave him pleasure. On retirement it is likely that he will find himself well occupied as a member of the Senate of the University of London, on the General Nursing Council of the Ministry of Health, as a member of the Pensions Appeal Tribunal and completing his second term as examiner for the Primary Fellowship of the Royal College of Surgeons. A matter which cannot fail to give him satisfaction is that of the 91 people who have been house surgeons, chief assistants or registrars under him on the Yellow Firm (including those in transit for the house physician jobs), 37 have become surgeons, 23 of whom are already consultants, six on the surgical staff of Bart's. The general surgeons and general practitioners have dispersed themselves all over the country, and even the world. Others have become anaesthetists, gynaecologists, pathologists and anatomists, one a D.Phil.

Fly fishing, wherever he can persuade salmon or trout to rise, has always been his recreation but, for the last twelve years, he has travelled extensively and often left his fishing rod at home. His own character and association with Bart's have imbued him so thoroughly with the spirit of a perpetual student that, even in his relaxation, his studies go with him. He must learn the language of the country he is travelling in, and this he does from gramophone records, books and test papers. It is rumoured that he got a "very good" for his last Italian prep.

We from Bart's wish Mr. and Mrs. Basil Hume good health, good fortune and great

happiness in "retirement," which will, for some time, be no more than a shift of emphasis in professional occupations. They are still going to live in London, and Basil

will be seen in the Hospital, but not so often as before. He will be as approachable as ever, and we will all welcome him when he comes to see us.



Mr. R. S. CORBETT

M.Chir., F.R.C.S.

Rupert Shelton Corbett was born in Rondebosch, near Cape Town, South Africa, in 1893. He spent the first two years of his life, and a subsequent period from 1903 to 1906, in South Africa, but for most of his time he has lived in England, and during the greater part of 44 years has been associated with Barts. He received part of his early schooling in South Africa, and there learned to play Rugby, being Captain of the "under 13" side. This stood him in good stead, for he was Vice-Captain of Barts in 1915-16.

He returned to England in 1906 on account of having contracted typhoid fever; entered Foster's school, Stubbington, and remained there until he went up to Caius College, Cambridge, in 1912. On the outbreak of the Kaiser's War, he came down as a dresser on the Waring firm in the Long Vacation and, during his final year at Cambridge, he worked as a dresser at the 1st Eastern General Hospital. This enabled him to take an Honours degree before returning to Barts in 1915. He won the Surgical Brackenbury in 1917 and, having qualified, was commissioned in the R.A.M.C. and seconded for duty as Sir Holburt Waring's House Surgeon. He remained at the Hospital until August, when after some preliminary training at Blackpool, he was

posted to Mesopotamia. There he served until 1920, and for six months before demobilisation he was surgical specialist at No. 3 British General Hospital, Basra.

After a short period of Post Graduate study in Vienna, he was appointed Demonstrator of Anatomy, which post he held for three years. He obtained the Fellowship of the Royal College of Surgeons in 1922, and in June, 1924, he was appointed Chief Assistant to Waring. He held this for a year, and then went to Ann Arbor, as Instructor of Surgery at the University of Michigan. In this respect his career was parallel to Basil Hume's. Returning to England in 1926, he was appointed Chief Assistant to Sir Charles Gordon-Watson, and held this post for four years.

His experience so far had helped to form some of the interests and characteristics which have been so well developed; enthusiasm in teaching, meticulous care of his patients and a consummate interest in the surgery of the alimentary tract. He obtained the M.Chir., Cambridge, in 1927, and in 1929 he was appointed Honorary Surgeon to the newly opened King George's Hospital, Ilford, and to St. Andrew's Hospital, Dollis Hill.

The year 1933 was a momentous one; he was appointed to the Staff of St. Bartholomew's Hospital, and he married. These two events allowed him to employ his many gifts to the fullest, and for the last twenty-five years, they have helped him to a full and happy life. It was not possible for him to do justice to his appointment to King George's Hospital, Ilford, and, with much regret, he resigned. Thereafter, most of his



hospital work was concentrated at Barts.

His interests have been catholic, and during the ensuing years he has contributed many interesting and instructive papers. Cholelithiasis, ulcerative colitis, tuberculous lymphadenitis and the undescended testicle have each been subjects of particular interest. More especially, he has contributed much to the management of ulcerative colitis and was a pioneer in re-establishing the continuity of the bowel after the removal of the colon. He has always been interested in Meckel's diverticulum and the pathological lesions with which it can be inflicted. He has interested his students and his colleagues

with his enthusiasm but, even more important, his patients are also enthusiastic about his methods.

He has kept himself fully informed of all the most recent works in a wide range of general surgery. He is interested in people, in knowledge and the application of knowledge to people. I think that is one reason why he has always been so persevering and has never given up whilst there was the slightest chance of saving a patient.

He has been Examiner in Surgery to the University of Cambridge, and a member of the Court of Examiners of the Royal College of Surgeons. He has worked hard at the Hospital, other than in the clinical field. He was Chairman of the Medical Council for the year 1948, President of the Paget Club, 1954, and Chairman of the Cancer and Surgery Committees for many years. He is still serving on the Grand Council of the British Empire Cancer Campaign, and on the Council of the Association of Surgeons.

In 1944 he was appointed President of the Proctological Section of the Royal Society of Medicine. In 1955, during a tour of the U.S.A., he delivered the Mayo lecture at Ann Arbor and, only this year, he delivered the first Gordon-Watson Memorial Lecture.

Although he has reached the retiring age in years, he is virile and active in his surgical acumen and practice, and he has still much to contribute to surgery and to humanity. His intensely enthusiastic make-up has found other outlets. For some years he has been a keen farmer, with an especial interest in Ayrshires, and this he will, no doubt, develop further. A leaning towards horticulture must also result in some form of specialism, and we hope both he and Mrs. Corbett will continue to enjoy these and their other interests.

We will miss Rupert on the Green Firm, but his enthusiasm, his humanity and his high sense of duty will remain with us.



It is hoped to publish an appreciation of Dr. Geoffrey Bourne in the next edition of the *Journal*.

BOTH SIDES OF THE FENCE

by J. C. CRAWHALL

This year's 2nd M.B. is now over, and in October I shall be commencing medicine in the Hospital. After two years of study in the pre-clinical school, I felt I would like to record some impressions of the course, although I am afraid these will be rather coloured by the fact that I had previously taught there for three years as a demonstrator.

Looking back to the early days of the course, I can still remember the sudden impact of the work which had to be done. In that one term the whole of Physiology was covered from "Winton and Bayliss," as an introductory course. Organic Chemistry was revised from a university standpoint, which differs considerably from that which is generally taught in the schools, and in Anatomy the first limb was dissected and the basis laid of general anatomy. This rate of work was continued for two more terms, that is, whilst we were juniors, but in the final two terms, whilst we were seniors, the pace imposed by the physiology and biochemistry departments slackened considerably. The reason for this was probably that two terms were then left to make the subjects more interesting, by covering special topics and to leave some time for revision. On the other hand, the less academically minded students would have preferred more time to have been spent discussing the fundamentals of the subject at the expense of hearing about the finer points. In fact, when I took 2nd M.B. in July, practically half the entrants did not pass in one subject or another, and these included 15 per cent of the March entrants, who had now failed for the second time. One or two of these students would admit that they had only worked rather sporadically, but the majority had worked fairly steadily but had failed to keep up with the teaching at each stage. If the course could have been taken a little more slowly, I have no doubt that many of the students who did in fact fail, could have reached 2nd M.B. standard.

This brings us face to face with one of the

great difficulties of 2nd M.B. teaching, which is the large range of ability and application within the class. I am sure it is far greater than is normally found in a university class, and there is no weeding out during the course. This means that each department and each teacher has to make the choice of whether to teach at an optimum speed to suit the best, the middle or the worst students. If either of the latter courses is chosen, the top students will not get the maximum benefit from the course and, later in life, may find themselves competing with men who have had a more comprehensive pre-clinical education. On the other hand, if the best are to receive the best teaching, the slower individuals will certainly be left behind. This dilemma has been partly overcome by the Physiology department, who have accepted eight students to study for an extra year for the B.Sc. Special in Physiology. This will enable them to benefit from education at an honours degree level, and acquire a more lasting understanding of physiological processes.

I suppose that most students contemplating a medical career wonder how they will fare in the study of anatomy. We expected that there would be plenty of work to do but, for many of us, it was the new discipline as well as the quantity of information that presented difficulties. What did the anatomists consider to be important and, therefore, to be memorised, and what was considered trivial? The distinction in many cases seemed arbitrary, and about two terms were required before I understood the pattern.

Perhaps some of the younger people avoided this delay, for their ability to memorise seemed unending, although it was often rather transitory. It scarcely needs to be recorded that about 80 per cent of our study time was spent in trying to catch up with the anatomy, as the dominant feeling in the pre-clinical school was that your performance in anatomy would determine whether or not you would become a clinical student. Little time was left to reflect that

this might not necessarily be so. I do not wish to dwell too long on the role of the anatomist except to make it clear that the real drive and rule of iron was felt there. The impact there between student and staff was greatest, and even the junior staff themselves were controlled with a strong hand from above. In a certain aesthetic way, I found it fascinating. Previously, I had always studied the sciences, the classics only at a very junior level, and now I had an opportunity to partake in a most memorable form of teaching. The dissection, which must be carried out in a careful and decorous manner; the statement of anatomical dogma that had been built up over millenia, and behind it a certain fierceness which did, of course, emanate from our teachers, but which one felt was part and parcel of the whole thing. This attitude seemed essential to the tradition, so that most of my fellow students were absolutely disgruntled if they did not have a hard "viva"; all those hours of study the previous night could have been avoided. To help to meet these emergencies, one man used to recite passages from Gray's *Anatomy* to a tape recorder the night before, and play it back to himself whilst shaving next morning. It is unfortunate that this tough line, whilst stimulating many students, does not suit all temperaments, and led some people to a considerable dislike of anatomy and anatomists. As a result, a lot of ingenious effort was put into misleading the demonstrators during the "vivas," which might have been put into more profitable channels. It cannot be doubted that as a result of this system, the standard of detailed knowledge of the average student at the examination was higher than it would have been under a more lenient system, but whether this leads to any lasting benefit is doubtful.

On the more constructive side, I should say that the anatomy course was a most valuable training in observation, in the building of memory pictures and in carefulness of expression. When 2nd M.B. has faded quietly out of our minds, probably these three qualities will remain with us accompanied by some understanding, if not memory, of how the tissues of the body are put together.

It is interesting to speculate on how the structure of the pre-clinical course came to

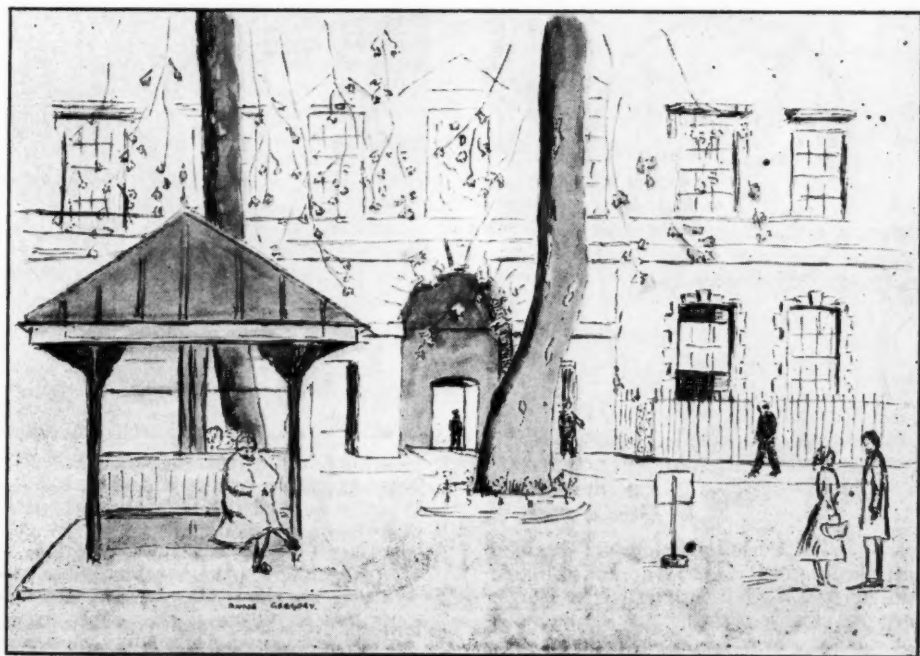
be built up. I imagine that it was conceived that the subjects basic to medicine were in the first place anatomy, then anatomy and physiology, and finally anatomy, physiology and biochemistry. Even today, it does not seem to be universally accepted that this is true, and various conflicting stories quickly circulate among the students, so that any of these subjects can come to be regarded as an unnecessary obstacle between the student and his natural goal of medicine. Of course, in certain cases, there is no goal at all in sight, and this makes the pre-clinical course even more irksome. There is still a feeling amongst some of the students that if they completely disregard their 18 months work in the pre-clinical school and eventually scrape through 2nd M.B., this will have no adverse effect at all on their progress in the hospital or their career in medicine. If this were so, then there would be no benefit in holding a pre-clinical course at all, and it should be discarded. On the other hand, I am sure that most clinical teachers do not seriously hold this view and would be very surprised if they found themselves teaching medicine to students with no knowledge at all of the three pre-clinical subjects. Whereas this attitude is certainly dead, it seems that it won't lie down, and I think certain students would have a much easier passage to 2nd M.B. if it were impressed upon them at an early stage that their pre-clinical studies would be of value to them later in life. As opposed to this approach, there are a certain number of students who are academically able, and come with traditions of hard work behind them. They work conscientiously through the course, and find 2nd M.B. relatively simple, but even for them it does not seem possible to develop that deep interest in any one subject that characterises the science student, and in the medical school such people are very rare indeed. This lack of fundamental interest in the subject, which even includes most of the B.Sc. students, has itself an adverse effect upon the staff. These men, who have good academic records themselves, are teaching students who either have not the will or the opportunity to develop a real interest in that subject, and this lack of stimulation can be very frustrating to the teaching staff. In addition to this situation, there is the difficulty that the only postgraduate students who come back from the hospital, come back on the whole as teachers rather than as research workers. This creates a different situation from that

found in most university departments where plenty of post-graduate research students are available to assist their established staff in carrying out research. This in turn helps to stimulate the established teacher, who may have had to teach much the same curriculum for twenty years. This lack of stimulation of pre-clinical teachers can lead to a dimming of enthusiasm after many years which, though unfortunate, is very easy to understand.

The choice of junior staff also shows an interesting variation from other university departments, in that the Anatomy and Physiology departments choose their demonstrators from the junior medical staff of the hospital. These then return to the Medical College to teach subjects which they only studied to 2nd M.B. level themselves at a minimum of four years before. We are told that this is of great value to them in revising these subjects, but it is of very little value to the students they are teaching, for their

first twelve months. It is sometimes overlooked that a working knowledge of a subject is insufficient basis for teaching if it is not accompanied by a certain amount of understanding coupled with some experience at teaching. These demonstratorships are usually held for two years, unless higher exams prove a great obstacle, and this means that most students at the college spend half their time under demonstrators who are learning rather than teaching.

In case I have left you with the impression that I am only able to see the shortcomings of the pre-clinical teaching system, I should like to say that I found the whole course most interesting, and have derived great benefit from it, and would like to thank the staff of other departments who received me, not only gracefully but cordially, at their lectures. When the new term starts, fresh students will enter the pre-clinical school, and I am sure that they, too, will be given a friendly welcome.



OPERATIVE CHOLANGIOGRAPHY

by N. ALAN GREEN

Operative cholangiography has been in use as an aid to biliary surgery for some 26 years, and Mirrizzi of Argentina (1932) appears to be the first to have utilised this method of investigation. Its main use is in the detection of stones in the common bile duct, and the protagonists of cholangiography during operation have claimed that it has led to a reduction in the number of residual stones, particularly in the common bile duct.

Published figures for stones left behind, even after a very careful duct exploration, average about 5 per cent, and Nurick (1956) remarks that the higher figures of 20 per cent are almost certainly a reflection on the skill of the surgeon. Most general surgeons, however, will admit to some experience of this humiliating mishap, brought about either by failure to explore a duct when stones are present or by not removing all of them on

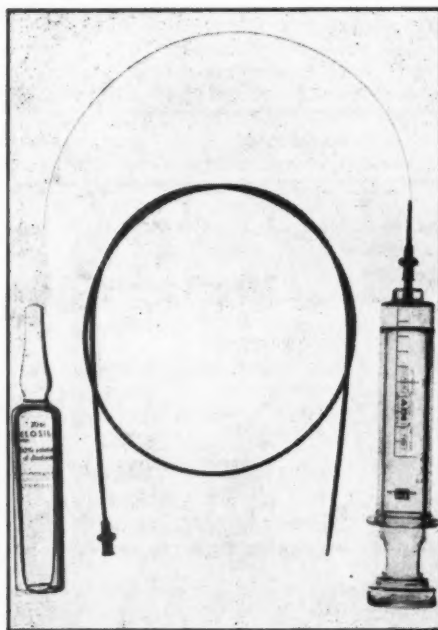


Fig. 1

Figure 1.—Polythene tube about 25 cm. long attached by an Alban Andrews' ureteric nozzle to a 20 ml. syringe. Also shown are the ureteric catheter and the ampoule of diodone.



Fig. 2

Figure 2.—Note the rotation of the patient. The portable X-ray machine has been centred on the radiographic field and injection is taking place. The theatre orderly is removing the X-ray plate.

opening the common bile duct. In an attempt to reduce the number of residual stones, and conversely to minimise unnecessary duct explorations, many surgeons and radiologists are advocating the routine use of operative cholangiography.

It must be emphasised that ideally surgeon, radiologist and anaesthetist should work as a team in order to produce a satisfactory radiograph, and many poor results have resulted because the surgeon accepts poor quality films, or fails to appreciate the finer points of technique, and also does not realise the variations in normal and abnormal patterns of the biliary tree.

Operative cholangiography may be used before (or in place of) duct exploration, and after exploration through a T-tube to detect any missed stones. Very little extra time is added to the operation, particularly in the pre-exploratory cholangiogram, since the gallbladder may be removed during the time taken to develop the films.

Technique

Injection of a water-soluble iodine derivative such as a 35 per cent or 50 per cent diiodine is made, preferably into the cystic duct through a polythene tube or ureteric catheter (Figure 1). The tube should be tied in and be completely free of air before insertion. Some surgeons prefer to inject into the gallbladder (or common bile duct) by a syringe and fine needle, but there is, in this method more likelihood of extravasation of dye and a distinct danger of pushing small stones down the cystic duct. By the same token, the cystic duct should be palpated very carefully before the catheter or tube is inserted. The more dilated the ducts, the more dilute the solution of dye should be in order to get better definition of small stones which tend to be missed in denser shadows. This dilution is effected by adding suitable quantities of normal saline.

The positioning of the patient, portable X-ray apparatus and cassette, the surgeon and theatre orderly, are shown in Figure 2. It is essential to tilt the table to the right side through at least 15°-20° in order to avoid superimposition of the ducts on the spine. The X-ray tube should be centred carefully on the junction of the cystic, common bile and common hepatic ducts, and all instru-

ments removed from the radiographic field. At the time of exposure the anaesthetist is careful to control respiration and on an average two films are taken during the injection of 5 and 10 ml. of dye, since a better view is obtained of the ampullary region if exposures are made as the dye is introduced. The larger the ducts, the greater the quantity of diluted dye will be required, often up to 40 mls. The orderly removes the X-ray plates from the cassette, which is placed at the right level between segments of the operating mat before the operation is commenced.

It is much more difficult to obtain a satisfactory post-exploratory cholangiogram because of the presence of air, both in the extrahepatic biliary system after exploration and also in the T-tube. Air bubbles can be reduced to a minimum by inserting a T-tube already filled with normal saline, and by irrigating the ducts well through this tube before injecting the dye. One should continue irrigation until the returning fluid along the vertical limb of the T-tube is free of air bubbles. The T-tube is then clamped at a point just away from the radiographic field, and the dye injected by needle and syringe into the vertical limb.

The points of a good operative cholangiogram may be noted:—

1. Good filling of intra- and extrahepatic radicles.
2. Good view of the lower end of the common bile duct.
3. Flow of dye into the duodenum.

Unsatisfactory radiographs are obtained when any of the following features are present:—

1. Insufficient dye.
2. Inadequate exposure.
3. Patient breathing.
4. Insufficient rotation of the patient.
5. Too much operative equipment and the surgeon's hands in the radiograph.
6. Air bubbles.
7. Extravasation of dye.

Examples

A normal cholangiogram is obtained in the vast majority of cases. A typical result is seen in Figure 3. Good filling is evident

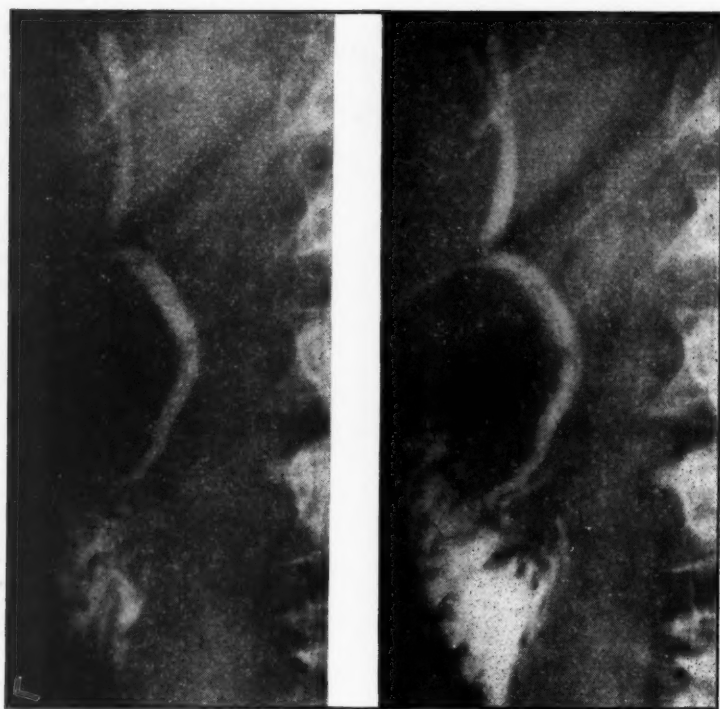


Fig. 3

Figure 3.—Normal cholangiogram. Two exposures with 5 ml. and 10 ml. of diodone. The ureteric catheter used can be seen in the common bile duct, particularly in (b). A good view of the ampullary region is obtained and pancreatic reflux has taken place from the ampulla. Good flow has occurred into the duodenum.

by injecting 5 mls. and then 10 mls. of 50 per cent diodone through the cystic duct. The ducts are not at all superimposed on the spine, due to adequate rotation of the patient, and a good view of the ampullary region is obtained. The second part of the duodenum is outlined and from the ampulla reflux has occurred into the pancreatic duct. This phenomenon occurred in nine out of 40 cases on the Light Blue Firm recently, although Liedberg (1941) records pancreatic reflux in as many as 50 per cent of his cases.

An unexpected stone was found in four cases when not suspected, on whom there were no indications to explore the common bile duct on either the history or after palpating the duct carefully at operation.

Figures 4 and 5 show representative films of these cases. The first cholangiogram was performed through the gallbladder. It may be argued that injection into the gallbladder may force a stone down the cystic duct, but the same reasoning may apply to any case in which there are small stones in the gallbladder and cystic duct. During mobilisation of the gallbladder these may dislodge and remain as a residual stone in the common bile duct. In both these cases dye is seen to enter the duodenum; non-entry, particularly in a large duct, should make one suspicious of the presence of a stone.

A false positive is seen in Figure 6a. Clinically there was no indication to explore the common bile duct. The filling defect present turned out to be an air bubble. A

post-exploratory cholangiogram through a T-tube (Figure 6b) is normal.

Conclusions

Is operative cholangiography justified in every case? In the vast majority of cases there is no indication, particularly in the presence of large stones, a normal sized common bile duct and no previous history of jaundice. Walters (1955) expresses the opinion that careful exploration and washing of the ducts will reveal most stones, and that small ones will pass through a dilated sphincter of Oddi. Maingot (1952) regards operative cholangiography as unnecessary and at times misleading.

In a series of 40 recent operative cholangiograms, four unsuspected stones have been revealed, and it has also been our experience that in cases with known stones in the common bile duct, the exact number can be demonstrated before opening the duct. Post-exploratory cholangiogram on one occasion has shown a stone missed on exploration and on careful palpation; and, in a further case, stones in the common duct were suspected, all were shown in a pre-exploratory cholangiogram, and one was missed on exploration. Post-exploratory cholangiogram may have prevented a second operation in this instance, but was not performed.

Therefore, if the common bile duct has been opened, a post-exploratory film should follow, although it is more difficult to perform because of the danger of "false positives" due to air bubbles. There is nothing so humiliating as having to perform a second operation to remove residual stones.

But it would seem that in all cases with small stones, or stones smaller than the cystic duct, operative cholangiography should be performed, if there are adequate facilities available. Stones may be found in otherwise normal ducts, and it is interesting to note that in a series of 100 cases by Corff (1957), 27 per cent had stones in the common bile duct without previous history of jaundice.

Certainly when the accepted indications for opening the common bile duct are present, this should be done in spite of a negative cholangiogram. Some surgeons had hoped that operative cholangiography would

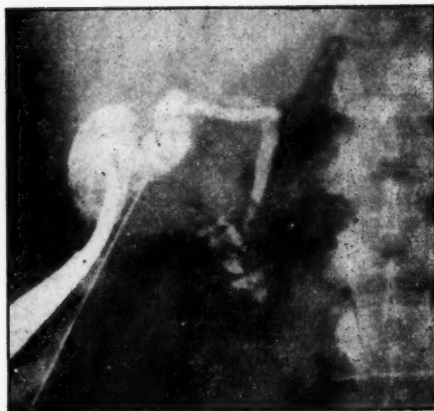


Fig. 4

Figure 4.—Cholangiogram obtained by injecting 50 per cent diodone into the gall-bladder. A small stone is seen at the lower end of a normal sized common bile duct.



Fig. 5

Figure 5.—A similar unsuspected stone at the lower end of the common bile duct in a boy aged 10 years.

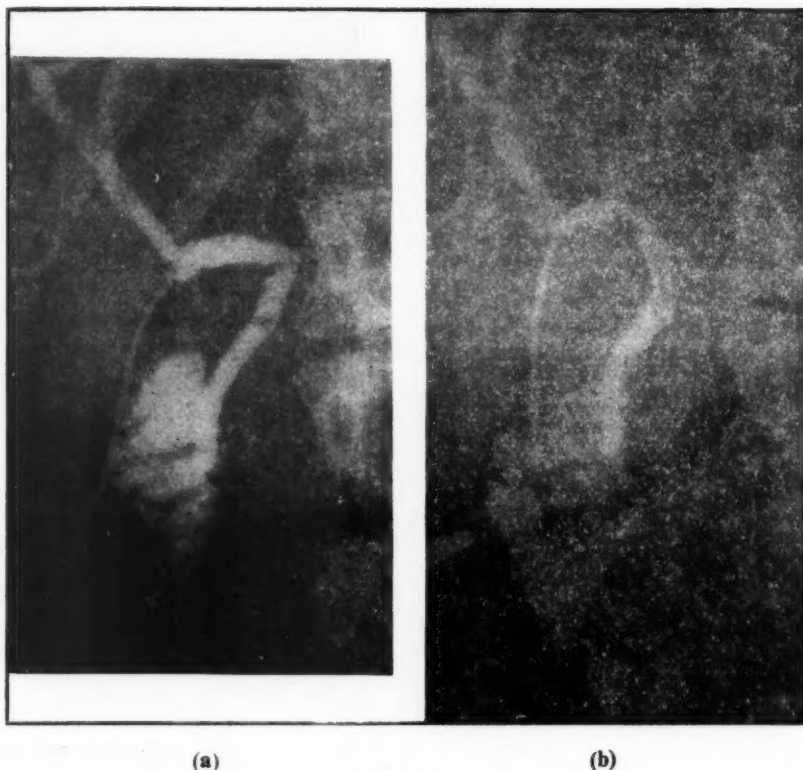


Fig. 6

Figure 6.—(a) Shows an air bubble with its typical rounded appearance. An unnecessary exploration was performed, and (b) shows a post-exploratory film through a T-tube.



reduce the number of negative explorations, but it is realised that even with perfect technique small stones may be missed in a dilated duct. Nothing is to be lost by performing a cholangiogram in these cases, and there does not appear to be any definite increase in morbidity on account of the investigation. However, it cannot and should not replace the skill of the surgeon and his judgment in the treatment of stones in the common duct.

My thanks are due to Mr. John Hosford for permission to record impressions of the operative cholangiograms performed on his cases, and also to Dr. Brian Hale, with whose help the series of cholangiograms was reviewed recently in the Paget Club. In

addition, I am indebted to the Radiographers who gave such excellent service, and to Mr. N. K. Harrison and his colleagues in the Photographic Department for their reproduction of the radiographs.

REFERENCES

- CORFF, M., *Amer. J. Surg.*, **94**, 240, 1957.
 LIEDBERG, W., *Acta. chir. Scand.*, **85**, 261, 1941.
 MAINGOT, R., *Ann. R. Coll. Surg. Eng.*, **10**, 97, 1952.
 MIRIZZI, P. L., *Bol. y. Trqb. Soc. de Chir. de Buenos Aires*, **16**, 1133, 1932.
 NURICK, A. W., *Postgraduate Med. J.*, **32**, 388, 1956.
 WALTERS, W., *Arch. Surg. (Chicago)*, **70** 323, 1955.

TEACHERS OF CHEMISTRY AND CHEMICAL PATHOLOGY AT SAINT BARTHOLOMEW'S HOSPITAL

by A. B. ANDERSON

The Medical School and Hospital have had a number of famous chemists amongst their teachers, and it is the purpose of this note to give some idea of these men and of their work while at Bart's.

In 1836, W. T. Brande, F.R.S., Professor of Chemistry to the Royal Institution, and Thomas Griffiths, Esq., who was then Lecturer in Natural Philosophy, were elected conjointly to the Chemical Lectureship in the Medical School.

Brande, the son of an apothecary, was originally intended for the Church, but he preferred the profession of medicine, and was apprenticed to his brother, a member of the Society of Apothecaries. He studied chemistry at Guy's Hospital and the Royal Institution, and was elected a Fellow of the Royal Society at the early age of 21. As well as his lectures at the Royal Institution and St. Bartholomew's, he also lectured to the Society of Apothecaries. The substance of his lectures was incorporated in his *Manual of Chemistry*, by which he acquired a European reputation, and which was, in its day, one of the most popular in the English language. On the resignation of Mr. Brande in 1841, Thomas Griffiths was appointed sole Lecturer and, on his resignation in 1851, John Stenhouse, F.R.S., was appointed. Stenhouse was a graduate of Glasgow, and had studied under Liebig at Giessen. He was obliged to resign in 1857, owing to a severe attack of paralysis, but recovered and continued with his chemical researches, becoming, in 1865, one of the non-resident analysts to the Royal Mint. He was chiefly interested in what, in those days, was called the chemistry of compounds found in organised bodies, and particularly in the compounds found in plants. He was one of the founders of the Chemical Society, and it was said of him that his general conversation and fund of anecdote rendered him a most pleasant companion. We are indebted to Prof. Wormall for drawing attention to the fact

that Kekulé, one of the greatest organic chemists of the nineteenth century, who was responsible for the concept of the benzene ring of six carbon atoms arranged to form a regular hexagon, worked as a young man as assistant to Stenhouse on the recommendation of Liebig. His duties were to carry out qualitative and quantitative analysis between the hours of 9 a.m. and 4 p.m., excepting Sundays, with no lecturing, at a salary of £60 a year. He came to Bart's in 1853, and stayed nearly two years.

On Stenhouse's resignation, Edward Frankland, F.R.S., Professor of Chemistry in Owen's College, Manchester, was appointed. He was one of the most famous of our chemists, being responsible for the theory of the law of valency, communicated to the Royal Society in 1852. He did fundamental work on water analysis, and was a member of the River Pollution Committee. In 1877, he was elected the first President of the Institute of Chemistry. Frankland found his original work seriously curtailed by the combined duties of his lectureship at Bart's and chair at the Royal Institution, and resigned a portion of his duties in 1863, when Dr. Odling was appointed joint Lecturer. In 1864, Frankland found that "even the short course of lectures delivered at a distance from my laboratory so materially interferes with the time devoted to research that I feel obliged to withdraw from them." Dr. Odling was appointed sole Lecturer on Frankland's resignation.

William Odling, 1829-1921, was an interesting character and a distinguished chemist. A student at Guy's, he graduated M.B. in 1856, and in 1859 was elected a Fellow of the Royal College of Physicians and a Fellow of the Royal Society. Before coming to Bart's, he had worked as Medical Officer of Health for Lambeth, and taught chemistry at Guy's. He worked on the classification of elements by their atomic weights, and in 1864 made an arrangement

of all the known elements into groups based on their atomic weight, with gaps left for some of the undiscovered elements. This was very advanced for his time. While at Bart's, Odling did an important piece of work on the preparation and vapour densities of aluminium methyl and ethyl—work done to determine the valency of aluminium. He held the appointment of Lecturer until 1868, when he requested a joint lecturer to share his duties, and Dr. Augustus Matthiessen, F.R.S., was appointed. Odling had been appointed Fullerian Professor in the Royal Institution, succeeding Faraday and, like Frankland, he found it impossible to fill both posts, and resigned in 1870. Two years later he was elected Waynflete Professor of Chemistry at Oxford. After his retirement from this chair in 1912, Odling, who had already published many chemical texts, produced *The Technic of Versification*, written in his favourite style, without the use of any principal verbs. During Odling's time at Bart's, a new chemical classroom, to accommodate 130 students, was built above the waiting room and apothecary shop. Previously, the practical classes had been held in the dissecting room, which had been temporarily fitted up for the use of students during the summer months, a most unpractical performance.

On Odling's resignation, Dr. Matthiessen was appointed sole Lecturer in July, 1870. Shortly after this, Matthiessen, who had a partial paralysis of his right hand following infantile paralysis, fearing that he was liable to further paralysis, took his own life by drinking prussic acid.

Dr. William J. Russell, F.R.S., Professor of Natural Philosophy at Bedford College, and also Lecturer in Chemistry at St. Mary's Hospital, was appointed to succeed Matthiessen. He had been a pupil of Frankland at Owen's College, Manchester. In view of the activity in smog research at present in Bart's, it is interesting that Russell, in 1880, was one of a committee undertaking an investigation into the chemical and physical properties of London fog. Russell made several analyses of the carbon dioxide content of the air in the region of Bart's, and these were published in the Hospital Reports. On one occasion, during a thick white fog, the carbon dioxide concentration rose to 14.1 parts per 10,000

(normal 3 parts). He set up "Observation Posts" at St. Bartholomew's Hospital, St. John's Wood and Hackney. In the course of this work, he developed a new method for the volumetric analysis of small samples of gas.

It was during Dr. Russell's time that a very famous investigator, Mr. Sherlock Holmes, was reported to be working in the Chemical Department, and to have discovered a reagent which was precipitated by haemoglobin. In the room now occupied by the Curator of the Museum, may be seen a plaque with the following inscription:—

"At this place New Year's Day, 1881, were spoken these deathless words, 'You have been in Afghanistan I perceive' by Mr. Sherlock Holmes in greeting Dr. John H. Watson at their first meeting."

In 1895, Dr. F. D. Chattaway was appointed Lecturer in Organic Chemistry and, on the resignation of Russell in 1897, Lecturer in Chemistry. He had originally proposed to study medicine but, finding it distasteful, turned to chemistry as a career. While at Bart's, Chattaway did a very considerable amount of research work dealing with nitrogen-halogen-substituted anilides. He described the preparation and properties of so-called nitrogen iodide in 1900. It is of interest that in 1905 he made the chloramines which years later were found to be suitable disinfectants. In 1906 he resigned from Bart's and went to Heidelberg as a student. Elected F.R.S. in 1907, he entered the scientific life of Oxford in 1908, as Demonstrator and later head of Chemistry in the Queen's College laboratory.

On the resignation of Chattaway, various regulations relating to the duties of his successor were passed. These included having charge of the Chemical Department and teaching of chemistry, and holding a class in toxicology, besides which "he shall arrange for the examination of morbid substances sent to him for that purpose from the Hospital, any members of the Medical Staff or by the Lecturer on Pathology." This was the beginning of routine chemical pathology in the hospital laboratories.

A little before this, in 1902, Dr. Garrod was allowed to deliver a course of lectures in

chemical pathology, thus inaugurating this new subject in the Hospital.

Chattaway was succeeded by W. H. Hurlley, who had been Demonstrator since 1899, and who was to serve the hospital and school faithfully until his death in 1936. Hurlley was an excellent teacher, and those who knew him describe him as the most modest and the kindest of men. Despite his arduous teaching duties, he carried out important research work, which at first was in pure chemistry; later his interests became more biochemical, and in collaboration with Sir Archibald Garrod, he worked on cystinuria and alkaptonuria. Other work was on methods of detecting acetoacetic acid in urine, including a new test depending on the formation of a highly coloured ferrous salt of isonitrosoacetone. Some of his more important work was done on the excretion of ketone bodies by diabetics. He also developed a modified procedure for estimating the iodine in blood, and in his last years was working on the bile acids. In 1920, the title of Reader in Chemistry in the University was conferred on him.

With Hurlley's death in 1936, we come to modern times, and the appointment of Professor A. Wormald, F.R.S., to the Chair of Chemistry and Biochemistry.

Turning now to that younger branch of the subject, chemical pathology, we have already noted that Dr. Garrod had begun to give lectures in this subject in 1902. He was appointed Lecturer in Chemical Pathology in 1904, and continued as lecturer until he resigned in 1919. In this note one cannot attempt to do Sir Archibald Garrod justice. One can only remind the reader of his great contributions to chemical pathology, particularly in the studies on alkaptonuria and cystinuria which were embodied in his book *Inborn Errors of Metabolism*, first published in 1909.

Dr. Hurlley had for many years been carrying out investigations of a chemical pathological nature for members of the staff, at first in an unofficial capacity and, since 1905, with the title of Demonstrator. In 1909 he was thanked by the staff for his past services and replaced by Dr. J. G. Priestley as a full time Demonstrator. Dr. Priestley

acted as Demonstrator from 1909 to 1911 without remuneration and, in 1913, a Demonstrator of Chemical Pathology was appointed in the person of Mr. Mackenzie Wallis. On the resignation of Sir A. Garrod in 1919, Mackenzie Wallis was appointed Chemical Pathologist to the Hospital and lecturer in Chemical Pathology. With the assistance of the Demonstrator, Dr. H. E. Archer, he built up the routine laboratory from scratch. Mackenzie Wallis was chiefly interested in diabetes and pancreatitis, and did much work preparing extracts of pancreas in an attempt to obtain the active principle. He also developed a very extensive private practice. After a period of ill health, he died in 1929 at the early age of 43.

With the appointment, in 1926, of Dr. G. A. Harrison to be Chemical Pathologist and Lecturer, we end our survey. Dr. Harrison had formerly been Chemical Pathologist to King's College Hospital and to the Hospital for Sick Children, Great Ormond Street, and he will always be remembered for his book *Chemical Methods in Clinical Medicine*, first published in 1930, with later editions, and for many years the leading British textbook on practical chemical pathology. This book was not a compilation, but embodied the author's actual experience with all the methods described, and for this reason is all the more valuable. It is still a mine of information on many of the obscure bypaths of chemical pathology.

Looking back over this period of 120 years, we see that chemistry at Bart's has been well served by its teachers, and that the school has a fine tradition of both teaching and research.

In conclusion, I wish to express my thanks to Mr. Thornton, without whose help in providing extracts from the House Committee minute book this note could never have been attempted.

REFERENCES

- BROWN, J. R. and THORNTON, J. L.
William James Russell and Investigations on London Fog. *Annals of Science*, 11, 1955, p. 331.

THORNTON, J. L. and WILES, A.
William Odling, 1829-1921. *Annals of Science*, 12, 1956, p. 288

WALKER, O. J. August Kekulé and the Benzene Problem. *Annals of Science*, 4, 1939, p. 34.

WORMALL, A. Friedrich August Kekulé Corres. *St. Bartholomew's Hospital Journal*, 1957, p. 134.

Also obituary notices in *Proceedings of the Royal Society*, *Biochemical Journal*, *Journal of the Royal Institute of Chemistry* and *St. Bartholomew's Hospital Journal*.

LETTER TO THE EDITOR

To the Editor of the Journal
Dear Sir,

"Several sports clubs make little or no effort to report their activities. No publication can adequately report or advertise any event without the co-operation of all those who are concerned."

Editorial, St. B.H.J., Vol. LXII, p. 235

In June, the Rifle Club submitted reports of matches fired at Bisley in May and June, including the report of the London University Championships, which were won by a team from this Hospital. Since then several reports have been submitted for publication in the sports section of the *Journal*, of which only one has yet been published.

Whilst appreciating the need for economy of space, there is considerable discontent among members of the Club who deplore this treatment, particularly as the delay is now of the order of four months.

Following your statement in the Editorial of the September issue, I cannot see how you expect to obtain a response from clubs which do not report their activities if you withhold the reports of those which do—nor do I see how you can reconcile your words with your actions.

Yours sincerely,

R. P. ELLIS,

Captain of Shooting.

Abernethian Room,
St. Bartholomew's Hospital.

Sir,

I readily concur with your remarks, and furthermore, I appreciate your advertisement of the September Editorial. As you are already aware, your first

report was lost somewhere between Bart's and the printers. The carbon copy of this report was, unfortunately, too long for inclusion in the October issue. However, perhaps you will be appeased by the large section on Rifle Club Affairs in this issue—almost enough for a Rifle Club supplement.

May we offer you, and your team, our congratulations on your success in the Hospital's Cup. In addition, it may interest you to know that in 1908, the club was allowed to shoot daily between the hours of 12—2 p.m. and 4—6 p.m.

EDITOR.

BOOK REVIEWS

AN INTRODUCTION TO GENERAL PRACTICE
by Denis Craddock. Second Edition, 1958.
Published by H. K. Lewis. 584 pp. Price 42/-.

First published in 1953, the success of this book has produced a second, expanded edition, which endeavours "to include some reference to all conditions which the average general practitioner sees once a year."

Although bearing the title *Introduction*, it is more of a textbook of general practice. The introduction provides extensive information on the work of the general practitioner, including a section on "Paper work," and chapters are then devoted to types of patients and their complaints. Sections are devoted to Mother and Child and Family Planning, while the chapters on Problems of life and death, Pain and its relief, Drugs and potions, Dietetics and the Doctor and the Law, all contain information of particular significance to the general practitioner. But the book can be read to advantage by all students and housemen. It provides references at the end of each chapter for those in search of fuller information, and contains numerous apt quotations. That of Sir Robert Hutchison is worthy of careful consideration by all potential "specialists": "No one is too good to be a general practitioner."

THE KIDNEY. An Outline of Normal and Abnormal Structure and Function by H. E. de Wardener. Published by J. & A. Churchill. Price 45/-.

This book sets out to present an outline of the structure and function of the normal and diseased kidney. As such it is not to be regarded primarily as giving a descriptive account of the disorders of the kidney, but rather as providing a complete and up-to-date explanation of the various biochemical and clinico-pathological methods of studying renal behaviour; and, in particular, the application of these methods to the investigation and treatment of disease.

Important sections are devoted to the nephrotic

syndrome, acute renal failure, chronic renal failure and the acute nephritic syndrome. The general presentation of the subject matter and the arrangement of the various sections (thirty-nine in all) is liable to be a little confusing to the student. Thus, the acute nephritic syndrome is considered in one section and, in a later one, acute glomerular nephritis is discussed under the heading of allergic diseases of the kidney. Despite this criticism there is much valuable information to be found in the more detailed sections, and Dr. de Wardener does well to present the various renal disorders in their proper perspective. Of these conditions, renal vein and artery thrombosis, renal abnormalities in diabetes and other endocrine disorders, in alkalosis, and in pregnancy, to mention only some of them, are dealt with in separate short sections. The account of acute renal failure is particularly helpful. There are useful appendices on diuretics, diets and normal biochemical values; but some of the diagrams are elaborate without necessarily helping to clarify the text.

This is a stimulating book and can be recommended, particularly to the postgraduate and to anyone interested in the kidney.

W.E.G.

THE CIRCULATION OF THE BLOOD. Two anatomical essays by William Harvey, together with nine letters written by him. The whole translated from the Latin and slightly annotated by Kenneth J. Franklin. Published by Blackwell, Oxford. PP. xxiii, 184. Price 22/6d.

The reception accorded to Professor Franklin's translation of *De motu cordis*, published last year, and the entreaties of his numerous friends, have prompted him to continue his scholarly translations. His obvious first choice was Harvey's *De circulatione sanguinis*, the two anatomical essays addressed to Jean Riolan, jr., to which have been added Harvey's correspondence with certain other distinguished medical men. Preceded by a brief biography of Harvey, the letters are arranged in chronological order, which reveals the progress of Harvey's trend of thought from 1636 to 1657, when he admits in his letter to Jan Vlackveld: "But it is useless for you to spur me on and for me to gird myself for some new research when I am not only ripe in years but also—let me admit—a little weary."

Harvey's book of 1628 is recognised as a landmark in medical history, but his letters reveal more of his character. We do not encounter the traditional fiery-tempered individual with hand clasp the hilt of his dagger, but the scientist keen to offer logical explanations to those doubters whom he thought worthy of the honour. Couched in simple language that is as readily understood by the layman as by the scientist, Harvey explains his experiments, which he suggests can readily be repeated: "You will be able to make the same observation daily during the outflow of blood in phlebotomy. For if you press on the vein with a finger a little below the opening, the outflow of blood is satisfactorily arrested but, on release of the pressure, it flows out again in abundance as before."

This book is the natural companion to Professor

Franklin's translation of *De motu cordis*, and he is to be congratulated on both productions. It is to be hoped that his retirement from the Chair of Physiology will permit him the leisure necessary to complete the trio of Harvey's outstanding contributions to medical literature. *De generatione*, overshadowed by his first book, and underestimated by many embryologists, is worthy of translation by the hand that has already provided such lucid interpretations of Harvey in a manner that William Harvey himself would comprehend.

J.L.T.

PRACTICAL CLINICAL BIOCHEMISTRY by Harold Varley. Published by Heinemann. 635 pp. Price 42/-.

The author states in his preface "the present book is a survey of the whole field of this subject from the standpoint of workers in hospital laboratories." It should be said at the outset that the author has achieved this object, and his book is the most comprehensive of those published in Britain. In fact, the chief criticism one makes of this book is that in some directions it is too comprehensive. For example, it seems unnecessary to describe six methods for the determination of blood sugar, and while there is a short comparison of the methods, the beginner will be left still in doubt as to which method he should use. One would like to have had more of the author's personal views and experience, which is such a valuable part of earlier works on this subject, for example, the early editions of "Chemical Methods in Clinical Medicine" by G. A. Harrison. Harrison's book is still a mine of information, and a book of which Bart's may well be proud.

In a comprehensive book of this nature, one would have wished for a fuller treatment of the porphyrins, as the estimation of these is one of the most difficult with which the chemical pathologist is faced. The book is essentially a practical one, and of interest chiefly to the technician, but medical students can profit by the short summaries of the findings in health and disease under each of the headings.

It has been brought well up-to-date in this second edition, and one can thoroughly recommend the book to all workers in hospital laboratories.

A. B. ANDERSON.

THE PHYSICAL TREATMENT OF VARICOSE ULCERS by R. Rowden Foote. Published by E. & S. Livingstone, Edinburgh.

This small manual consisting of 138 pages and 120 illustrations is, as far as production is concerned, of the usual high standard expected from Messrs. Livingstone. As stated in the preface, this book has been written essentially for the physiotherapist and nurse. I feel, however, that it will find its way into the hands of many practitioners and students and, furthermore, I feel that many patients could read this book with advantage.

The author is a Bart's man and has given up most of his life to the study of varicose disease, and

presents to us a most useful manual in conjunction with Miss T. Wareham of our physiotherapy department, who writes a very clear and concise account of electrical adjuncts to treatment.

Recently the treatment of varicose ulcers has tended to be by radical surgical methods following the original teaching of Linton of Boston.

The author attempts, with success, to explain how physiotherapeutic methods can, in the vast majority of cases, make extensive surgery of secondary importance. Those of us who have to deal with the ulcer problem, and it is indeed a very big one, know that even after operative interference results are not necessarily satisfactory, and supportive measures have to be continued, sometimes indefinitely.

Although Mr. Rowden Foote admits the necessity for surgery in a small number of cases, he shows how even under these conditions, the skill of the physiotherapist is all important in preparing the field for the surgeon.

This is the first book to give us massage technique in conjunction with active physical exercises. I feel assured of its success, and can thoroughly recommend it to all who are interested in the subject.

FUNDAMENTALS IN CARDIOLOGY by John B. Wild. Published by Blackwell, Oxford. 80 pp. + index, 16 figs. Price 34/-.

In his introduction the Author points out that little attempt is made during undergraduate teaching to correlate physiology with clinical medicine. In this short volume he sets out to explain the physiological mechanisms underlying the physical signs elicited in clinical examination of the cardio-vascular system. He has succeeded admirably in his purpose, and the value of the book is obvious; the student is far more likely to get the signs of (say) mitral stenosis right by understanding why they occur than by committing a list to memory.

A few minor criticisms were noted. The electrocardiograms would serve their purpose better if the leads chosen were indicated. It is inconsistent to call the early systolic sound in pulmonary stenosis a "split first sound" when, later, it is correctly pointed out that the mitral opening snap is *not* a split second sound! The signs of tricuspid disease are described for normal rhythm, but their alteration by atrial fibrillation, which is usually present, is not discussed. In the earlier chapters the text does not correspond to the figures on the facing pages; the publishers should rearrange this in subsequent printings.

This book is recommended both to students and post-graduates. The reviewer hopes that its publication will lead to the appearance of similar works on other topics, and stimulate the closer integration of preclinical and clinical teaching in medical schools.

D. WEITZMAN.

SPORTS NEWS

VIEWPOINT

How many Inter-hospital trophies find their way into the peaceful surroundings of the Library? The reply is, alas, all too short.

Apart from that most excellent and stimulating, albeit sedentary, pastime, Bridge, the activities of the sportsmen of this hospital are distinguished for their inability to obtain any visible reward for their efforts. The ladies, let it at once be said, have covered themselves with glory on the Hockey field, and the loss of that trophy, which has been resident here for the past seven years, would indeed leave the cupboard bare.

It may be, perhaps, appropriate to consider some causes of our apparent failure near the commencement of another academic year.

A recent survey showed that one-third of the people here are either unable physically, or do not consider it worth their while attempting to represent the hospital at any sport. As lamentable as this state of affairs may be, at least it should enable us to take stock and plan accordingly. There appears to be far too diffuse an effort (in fact, through over twenty clubs), to achieve any measureable success. Surely it would be better for us to concentrate preferably on two or three or, at the most, six clubs, and put our whole effort into these. It is much better to have a first team that really is a first team, and not just a collection of those people who are available at the time. The point is obvious without being over laboured. To this end, first it would help if the individual is sure, that although he himself is not in the first, he is, nevertheless, by his action of trying to get into it, helping to keep up the standard of play. Similarly, it would help if future members contemplate joining an already established club rather than helping to create a large number of weaker clubs.

It has been maintained by some that there are not enough talented performers available.

Certainly it would be pleasant to find more than having to depend on a mere handful as at present but, in this connection, it is to be regretted that some whose prowess elsewhere has earned them high honours, should consider that any similar activity here beneath their dignity. This certainly makes the action of the person who takes the opposite view to be the more commended.

There is no doubt that the two most genuine difficulties for sportsmen in this hospital, are time and expense. As regards the latter, the Students' Union have been most helpful, and there is no reason to suppose that they will not continue to be so. The former nut is far harder to crack. One of our chief difficulties is the time spent travelling, often more time is taken in actually getting to Chislehurst or Chiswick then is spent on the field or in the boat. Two things might be done to alleviate the position. First, that the College authorities and clubs can further the improvement of the facilities at Charterhouse Square. Secondly, that a means of transport may be obtained for the use of clubs on some of their more arduous journeys.

Platitudes and vain imaginations are the criticisms to be easily levelled at this, but unless some attempt is made by all concerned, the present predicament will continue, if not actually worsen. Instead, let us look forward to a return to that which was recently said of our Rugger: "A return to the palmy days of the early thirties!"



RUGBY FOOTBALL

1st XV v. Reading. Away. Saturday, 27th September. Won 11—8.

In their first game of the season the 1st XV managed to gain a narrow victory over Reading. It was evident that the Bart's players lacked understanding in their play, although this was somewhat understandable due to lack of match practice and the unfamiliarity with the new law changes.

Bart's won the toss and kicked off into a fairly strong breeze. The Hospital at this early stage in the game, looked much the better team, and the summer-like conditions, conducive to open rugby, should have suited the Bart's style of play.

A scrummaging offence on the Reading 25 resulted in a penalty being awarded, which J. H. Pennington had no difficulty in kicking. Bart's were unlucky not to add to this score when an attempt at a pushover try was disallowed. Soon after this, Reading began to improve, and were successful in scoring from a penalty awarded for obstruction by a Bart's player.

Just before the interval M. Phillips received a head injury and had to leave the field, and W. Boladz was then moved out to the wing.

The second half showed an improvement in the Bart's line-out work, due to some good jumping by L. R. Thomas, and the ball continued to be hooked well from the tight scrums.

Pennington did well to kick a 35 yard penalty goal, which brought the score to 6—3 in Bart's favour. Reading then retaliated by charging down a drop out from the 25, and the ball was passed out quickly to their wing who scored in the left corner. The try was converted.

Towards the close of the game, just when defeat seemed unavoidable, Richards broke from a lineout on the Reading 25, passed to L. R. Thomas, who finally sent B. O. Thomas romping over for a try.

The conversion by Pennington was followed immediately by the final whistle.

Team : M. Britz, R. M. Phillips, A. B. M. McMaster, J. K. Bamford, G. J. Halls, R. R. Davies, A. P. Ross ; B. O. Thomas, J. W. Hamilton (Capt.), B. Lofts ; W. P. Boladz, J. H. Pennington, D. A. Richards, L. R. Thomas, R. P. Davies.

1st. XV v. R.M.A., Sandhurst. Away. October 1st, 1958. Drawn 6—6.

The conditions at Sandhurst did not

encourage fast, open play, the ground having taken a severe soaking earlier in the day.

However, both sides did well to throw the ball around, and the frequent handling mistakes were perhaps to be expected.

Sandhurst pressed strongly from the kick-off, and the Bart's defence had a few anxious moments before the initial assault was repelled. Britz distinguished himself with some courageous dives, and returning kicks under pressure. The Bart's forwards soon warmed up, and they began to dominate the line-out, maintaining this throughout the match. Boladz jumped high and successfully, and was well supported. With a plentiful supply of the ball, the backs, R. R. Davies excepted, showed some lack of speed and enterprise, quite understandable with three players having their first game of the season.

Sandhurst opened the scoring. From a line-out near their line, Bart's got the ball back, but the pass to the full-back went astray, and the Sandhurst wing-forward scored an opportunist try which was not converted.

Bart's replied with a fine penalty from Pennington from near the half-way mark. The score remained level until half-time.

After the interval, the Bart's pack began to dominate the loose play, and also improved their tackling. However, Sandhurst came back strongly, and for ten minutes they besieged the Bart's line. They threw away innumerable scoring chances with gay abandon, and Bart's were fortunate in holding them to an unconverted try from the left winger. Then Hamilton urged on his pack to greater efforts, and from a loose maul, Plant was given the ball. He cross-kicked. The forwards regained possession, and Stevens took the final pass to score wide out. The conversion was missed, and there was no further score.

It was impossible to single out any particular player in a very fine pack, while outside, R. R. Davies played one of his best games for Bart's.

Team : M. Britz, J. Stevens, J. C. Owen, A. B. McMaster, J. C. Plant, R. R. Davies,

A. P. Ross ; B. O. Thomas, J. W. Hamilton (Capt.), B. Lofts ; W. P. Boladz, J. H. Pennington, S. H. Rendle, D. A. Richards, R. P. Davies.

RUGGER RESULTS

Sat. Oct. 4	Bart's v Trojans won 12—6
Sat. Oct. 11	Bart's v Woodford won 16—0
Wed. Oct. 15	Bart's v LX Club lost 9—0
Sat. Oct. 18	Bart's v U.S. Chatham draw 8—8
Sat. Oct. 25	Bart's v Old Blues won 10—0



SAILING CLUB

Regatta, 1958

This year the traditional Regatta very nearly had to be cancelled, due to unexpected resistance at departmental level. Thanks to the Dean, however, all ended well, and many hours of work by the Club Secretaries were allowed to come to fruition, the Regatta being held as planned on May 21st to 23rd.

On Wednesday morning, in a rather fresh wind against tide conditions knocked up quite a steep sea, and early arrivals, who went out in the Club's three remaining B.S.C.O. 16 footers, had an invigorating, if somewhat wet, sail.

Later in the afternoon the wind moderated, and everyone was able to go cruising.

Thursday saw the Regatta in full swing, blessed by ideal weather conditions. Ten crews were arranged, five racing in the International Twelve Square Metre Class, five crews in the B.S.C.O's. In the afternoon the order was reversed, and thus two heats were sailed for the Commodore's Trophy. The latter saw a sudden drop in wind force such that none, except the winner, was able to stem the strong ebb tide.

In the evening the Club held its Annual Dinner at the Royal Bernham Y.C., followed by a very successful Dance in the Submarine Bar. Although Dances of this sort are a regular feature of U.H.S.C. weekends, Bart's is the first Hospital to hold a Dance at this Regatta.

Unfortunately Friday was marked by a stormy wind, which kept most of us ashore, but Tony Ellens and David Wells went out in well reefed B.S.C.O's. It was not possible to sail a final for the Commodore's Trophy, and this remains unawarded for this year. Prizes were awarded to the two heat

winners, other prizes were awarded to the two Housekeepers and Miss Sheila Jones—picked by chance from amongst the occupants of the two tidiest bunk rooms.

Despite the difficult weather, the Regatta was again a great success. One was very pleased to see several Physiotherapists and a Nurse present, and hope more will come next year. Thanks are due to Sally Weeks and Brenda Shaw for their excellent catering, and to Wendy Donaldson and Mike Benneniger for their meticulous organisation.

RESULTS

Commodore's Trophy—Not awarded

Heat I

1. D. Wells
2. R. C. Burt
3. A. J. Ellison
4. Miss W. Donaldson
- R. R. Gabriel

Heat II

1. Miss B. Thomas
- R. Miss J. Darnedy
- R. B. Duff
- R. K. Walker
- R. D. Welsh



ROWING

The following officers were elected :—

President : Prof. L. P. Garrod.

Vice-Presidents : Dr. M. Donaldson, Dr. A. W. Spence, Mr. O. S. Tubbs, Dr. J. H. Coulson, Dr. E. F. Scowen, Dr. A. G. S. Bailey, Mr. J. C. M. Currie, Dr. C. N. Hudson.

Captain : T. W. Meade.

Secretary : B. R. Middleton.

Treasurer : G. M. Besser.

Committee : J. J. D. Bartlett, N. E. Dudley.

The United Hospitals' Winter Regatta for small boats and junior oarsmen will be held from The London Rowing Club on Wednesday, November 19th.

The Boat Club Dinner will be on the evening of the United Hospitals' Regatta, as usual, to which all old members are welcome. Please write to the Secretary.

ASSOCIATION FOOTBALL

St. Bart's 1st XI v. R.N.C. Greenwich. October 8th.
Lost 0—4. (Played at Chislehurst).

This was the first game of the new season. Our forwards missed a number of chances, and play was more even than the score suggests. Downer and Phillips were playing in the team for the first time, and both performed well.

Team : J. D. Mercer ; R. C. Kennedy (Capt.), D. I. Prosser ; C. P. Juniper, G. Haig, I. Downer ; P. B. Savage, A. Andan, P. Watkinson, H. Phillips, M. I. M. Noble.

St. Bart's 1st XI v. Lancing College Old Boys. October 11th. Won 3—0. (Played at Chislehurst).

From the kick-off Bart's went into the attack, playing much more forcefully and directly than in the previous game. Forwards and halves were ever-ready to try a shot, and the Lancing goal was under heavy pressure. Their defence played well, and Bart's had a number of goal-worthy efforts scrambled away. At half-time we led only by 1-0, scored by left winger Kuur, with as astute lob over the goalies head into the far corner of the net. Kuur added a second goal after half-time, and Prosser scored a third with a mighty drive from 35 yards. Juniper, at centre half, dominated the centre of the field. Gletsu and Downer played strongly at wing half, and Savage and Kuur were powerful on the wings. In all, an encouraging start for a good season.

Team : J. D. Mercer ; R. C. Kennedy (Capt.), D. I. Prosser ; I. Downer, C. P. Juniper, A. Gletsu ; P. B. Savage, A. Andan, P. Watkinson, H. Phillips, J. B. G. Kuur.

Cambridge Tour—October 23-25

Trinity Hall	..	4	St. Bart's ..	..	1
St. John's	..	1	St. Bart's ..	..	2
King's	..	1	St. Bart's ..	..	0



THE ALPINE CLUB

Four members of the Bart's Alpine Club have recently returned from a very rewarding and exhilarating fortnight in Chamonix, where several good rock ridges and snow climbs, including Mont Blanc itself, were achieved.

It is proposed to have a beginners' meet, probably in North Wales, centred at the Climbing Club hut in the Ogwen Valley, during the second week in November. Any Spartans who feel the call of the hills will be very welcome.

Prior to the meet, the club will have two or three of its habitual day trips to the Sandstone cliff near

Tunbridge Wells.

Any enquiries should be sent to J. S. Mather College Hall.



RIFLE CLUB

University of London Rifle Meeting, May 10th, 1958.

Although this was primarily an individual event, coaching not being allowed, a team of four was entered for the University team championships' event. Two sighting shots and ten shots to count were fired at 300, 500 and 600 yards.

Despite a cold cross-wind, conditions were excellent, and the visibility improved throughout the day. Some ominous clouds were in evidence when shooting started, but these had dispersed by lunch-time and failed to reappear.

At 300 yards we had a lead of three points over Imperial College and Guy's Hospital, but by the conclusion of shooting at 500 yards, this margin was reduced to two points by Imperial College. Our position was restored at 600 yards, and the Team Championship won by three points.

Scores were :-			
R. P. Ellis	..	..	138
G. R. Hobday	..	..	135
J. D. Hobday	..	..	130
R. W. Gabriel	..	..	124
Aggregate			527
Imperial College A	..	..	524
Guy's Hospital	..	..	518
Imperial College B	..	..	517
St. Mary's Hospital	..	..	499
Westminster Hospital	..	..	Retired

In the Individual Championship, R. P. Ellis was placed second after an exciting shoot at 600 yards, where the first and second places were in doubt until the last three shots. G. R. Hobday was placed ninth.

Bart's Prize Meeting, May 18th.

This meeting was the last practice shoot before the United Hospitals meeting. We were very glad to see Dr. Aumonier, a Vice-President, at the shoot, and also to see him perform very ably on the firing point.

The H. Waring Cup for the highest aggregate score, was won by G. R. Hobday with a score of 93/100. (2ss+10 at 300 and 600 yards.)

The Messrs. Benetfink Handicap Cup was won by M. Bascombe, with a gun-score of 78/100 plus 11 bonus points.

Handicaps were awarded prior to shooting on the following basis :-

- Class 1. Scratch score.
- Class 2. 25 per cent of points dropped added to gun-score.

Class 3. 50 per cent of points dropped added to gun-score.

Conditions were good, with an easy wind and excellent visibility at 300 yards. At 600 yards, however, the wind became erratic and tended to "fishtail." It was at this range that G. R. Hobday made his lead certain, as he was the only competitor able to master this variation.

United Hospitals Armitage Cup Meeting, June 1st.

As the holders of the Challenge Cup and winners of the University Championship for 1958, all boded well for the same team to retain its position at this meeting. These hopes were, unfortunately, not fulfilled, and of the two teams entered, neither the "A" team or "B" team won their respective competitions.

A tendency to reduce the number of practices was apparent at the Hospital meeting, and this meant that the teams were not in as good a state of training as they had been at the University meeting. This is not unexpected for, following the cessation of production of .303 ammunition by the Government, the cost of shooting has doubled compared with last season. Because of this, individual members found that after a few early practices which led up to the success of the University Meeting, they had to reduce drastically their activities at Bisley.

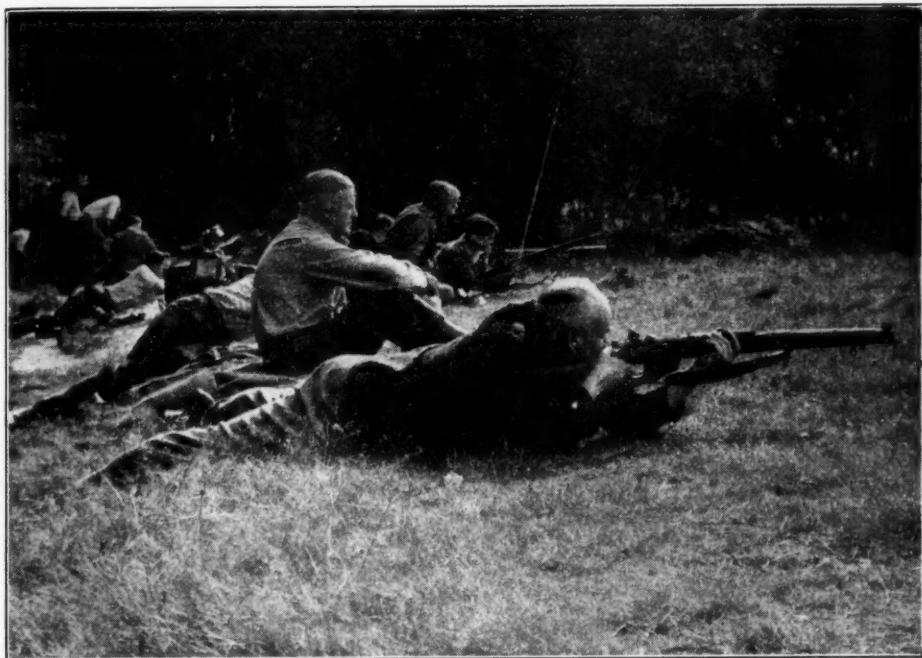
Secondly, it is a fair criticism that we were, in fact, over-confident following our previous successes and rather "trigger-happy"! Temperament has much bearing on the performance of a team in this sport, and many an over-confident shooter is struck-down from time to time in this manner. It is, however, unfortunate that it should have been allowed to happen, despite the fact that Guy's the winners, produced an exceedingly high score.

Conditions were relatively tricky, with a gusty wind angling from 7 to 9 o'clock and patches of shadow running across the targets as clouds passed over. There was a short shower at 200 yards which caught the last pair, and may have resulted in a few shaky shots. Nevertheless, the five point deficiency on the leaders at 200 yards was steadily increased to one of 13 points by the completion of firing at 500 and 600 yards.

The highest score of the day by a Bart's man was made by R. G. Miller, who fired consistently well to gain the Bart's Donegall Badge, and F. A. Strang is to be congratulated on his 33/35 at 200 yards, which won him a tankard.

Scores were as follows :-

A Team			
G. R. Hobday	..	..	94
J. D. Hobday	..	..	94
R. P. Ellis	..	..	93
R. W. Gabriel	..	..	87
Aggregate			368
Guy's	..	..	383
St. Thomas's	..	..	380
London	..	..	375
Westminster	..	..	369



Staff v. Students Match 1958.

B Team			
R. G. Miller	95
F. A. Strang	92
A. M. Holloway	83
M. Bascombe	75

Aggregate	..	345
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Guy's B	359
St. Thomas's B	355

Smallbore Individual Trophies

Lady Ludlow Challenge Cup for the highest seasonal average to

J. D. Hobday, 98.62 (1957 holder)

G. R. Hobday, 98.20.

Mrs. Waring Handicap Cup, awarded for the greatest increase in average over the previous season, or first two month's shooting for new members, to :—

Miss A. M. Holloway, 100.384

D. Hobday, 100.142

Match v. The London Hospital, September 7th.

A fullbore match was fired against the London Hospital on the Hurstpierpoint Range at Hassocks,

on September 7th. Weather conditions were ideal until evening, when the sun is at rather an awkward angle above the targets. Shooting took place at 300 and 500 yards, and at the conclusion, we had a comfortable lead over our opponents.

Scores

	300	500	Aggte.
R. P. Ellis	..	46	47 93
R. W. Gabriel	..	43	43 86
F. A. Strang	..	42	43 85
J. D. Hobday	..	44	40 84
M. T. Barton	..	40	42 82
Miss A. M. Holloway	..	37	40 77

TOTAL	..	507
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London Hospital .. 484

Staff v Students Match

The Staff v Students match was fired at Bisley on September 14th, and the Staff are to be congratulated on their victory, which is only the second on record since 1908. Teams of eight competed under conditions which can only be described as unique, and much apology should be made for the deficiencies of the N.R.A. markers, and for the voluble discourse

which rolled unceasingly from the club using the neighbouring targets. Because of these it was impossible to complete a shoot of 2ss+10 at 300 and 600 yards, although the staff had adequately demonstrated their superiority at 300 yards, and the Students could only make a gesture of a recovery at 600 yards.

Scores

STAFF	300	600	Aggte.
Dr. J. E. Craddock-Watson ..	46	18	66
Mr. N. A. Jory ..	42	20	62
Mr. R. C. Farrow ..	41	21	62
Mr. C. M. Vickery ..	40	17	57
Mr. H. Jackson-Burrows ..	37	16	53
Mr. R. I. D. Simpson ..	40	4	44
Dr. F. J. Aumonier ..	48	—	48
Mr. E. A. J. Alment ..	46	—	46
TOTAL ..			446

STUDENTS	300	600	Aggte.
R. W. Gabriel ..	44	21	65
P. N. Riddle ..	40	18	58
Miss A. M. Holloway ..	38	19	57
J. D. Hobday ..	42	13	55
C. J. Griffiths ..	39	16	55
J. B. R. Parker ..	33	16	49
R. P. Ellis ..	45	—	45
F. A. Strang ..	43	—	43
TOTAL ..			427

The Club is most grateful for the hospitality extended to it by the Staff at the North London Rifle Club and, in particular, to Mr. Jackson-Burrows for the lunch, and to Mr. Alment and Dr. Aumonier for their organisation of the Staff team.

These matches conclude the 1957-58 shooting season, which has been a very successful one for the club. Throughout the year teams from the Club have fired in matches, both fullbore and smallbore, of which 28 were won and 10 lost.

Some of the individual achievements so far not reported are as follows:—

G. R. Hobday has fired for United Hospitals and London University teams throughout the year, and was placed 12th in the Grand Aggregate at the N.R.A. Imperial Meeting at Bisley in July.

R. P. Ellis has captained the United Hospitals' Rifle Club for the past year, and was placed 2nd in the London University Individual Championships in May.

J. D. Hobday has fired for United Hospitals' Smallbore teams.

Miss A. M. Holloway was elected Smallbore Secretary to the United Hospitals' Rifle Club for the 1958-59 season.

R.P.E.

What is in a name?

The present-day cult of impersonality discourages the use of eponyms; and while the medical historian will brush away a nostalgic tear, the hard-pressed student is unlikely to mourn. It needs a feat of memory to answer the question: "What muscle is supplied by the nerve of Bell?" But happy the student whose examiner asks, "Which muscles are supplied by the eighth cervical nerve?"

Many eponyms are downright misleading. We might picture Christmas Disease as a surfeit of turkey, or mistletoe blush; but it is so called because the first patient reported was called Christmas. Similarly caesarean section was not first done by the redoubtable Caesar Hawkins, nor (it is now thought) by some Roman surgeon who, thus, delivered Julius Caesar; the word comes from the Latin for "cut". Bornholm is not a big, blue-eyed Scandinavian physician, but an island, and Pink was not a celebrated Victorian paediatrician with ruddy cheeks and side-whiskers, but the colour of the hands of children with Pink Disease.

But not even the most enthusiastic eponymoclast can claim that the alternative names for diseases are always crystal-clear; thus "pellagra" and "beri-beri" are terms which convey a masterly paucity of information. Then there are the conditions which do not claim a name of any kind—for example, the milder B vitamin deficiencies. But if we cannot name them we can often infer their presence (after serious illness has been excluded) when a patient takes an inadequate diet (e.g., an old person living alone) or has extra needs (e.g., in pregnancy and lactation), and complains of such mild symptoms as loss of appetite, fatigue, constipation and paraesthesia. And we can treat them in a very pleasant fashion by prescribing Bemax. All the B-complex vitamins are contained in wheat germ, and Bemax is pure stabilized wheat germ; it is the richest natural vitamin-protein-mineral supplement. You just sprinkle it on your food.

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